

Greenwood Cemetery Data Sheet

City of Kellogg
1007 McKinley Ave.
Kellogg, ID 83837
PH: (208) 786-9131
FAX: (208) 784-1100

Date: _____

NAME OF LOVED ONE: _____
(This is how the name will appear on City Records, including any engraving or name plaque that may be ordered by the City.)

DATE OF BIRTH: _____ **DATE OF PASSING:** _____

Contact Person: _____

Mailing Address: _____

Phone #: _____

Verified and Approved by: _____ **Date:** _____
(Name & Signature of person authorizing above information)

NOTE: IF ANY OF THE ABOVE INFORMATION IS UNCERTAIN, NO PLAQUE WILL BE ORDERED PRIOR TO A WRITTEN STATEMENT FROM AN AUTHORIZED PERSON WHO WILL PROVIDE THE CITY WITH THE REQUIRED INFORMATION.

FOR CITY USE:

BURIAL INFORMATION

FULL BURIAL: _____

CREMAINS: _____

SECTION: _____

ROW: _____

PLOT: _____

WALL: _____

NICHE: _____

MARBLE ETCHING: _____ **BRONZE: _____

SINGLE: _____ DOUBLE: _____

DATE OF SERVICE: _____

TIME: _____

** ORDERING A BRONZE NAME PLAQUE MAY REQUIRE AN ADDITIONAL COST. PLEASE CONTACT CITY.

OTHER INFORMATION RECEIVED/ FEES DESCRIBED: _____

